
NORTHWEST
REGIONAL MENTAL HEALTH BOARD, INC.

Central Naugatuck Valley Catchment Area Council #20
Housatonic Mental Health Catchment Area Council #21
Northwest Mental Health Catchment Area Council #22

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Public Testimony
By Janine Sullivan-Wiley
Before the Health and Hospitals subcommittee of the
Appropriations Committee
Regarding the DMHAS budget
February 20, 2009

Good evening Senator Harris, Representative Ryan, and members of the Health & Hospitals sub-committee: Senators Debicella, Prague, Slossberg, and Representatives Hovey, Candelaria, Esty, Kirkley-Bey, O'Neill, Ritter, Schofield, Tercyak, Thompson, and Walker.

My name is Janine Sullivan-Wiley; I am the Executive Director of the Northwest Regional Mental Health Board. Thank you for the opportunity to speak to you this evening about the budget proposed for the Department of Mental Health and Addiction Services.

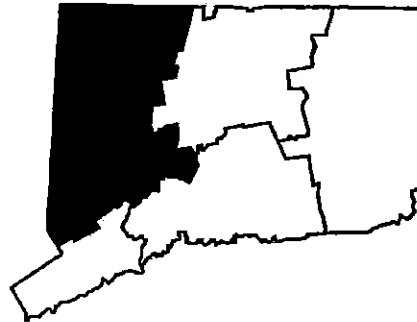
The Regional Mental Health Boards were created by state statute 30 years ago as the **all-stakeholder, community and citizen-based entity with responsibility to determine what the mental health needs are, to do planning to address the identified needs, and to evaluate programs** funded by the Department of Mental Health and Addiction Services.

From the viewpoint of what the needs are, the Governor's proposed budget has many **strengths**. The **increases for Young Adult services** recognizes the numbers of young persons coming into the DMHAS system, most of whom have complex needs. This money is very well-spent in terms of prevention of future needs and getting or returning these young people to the lives they deserve as productive members of our communities.

Every enhancement to community services is important and is a good investment in our state.

I recognize the enormous challenges to you in the current fiscal situation, however there are, however, some proposals that concern me deeply.

In the northwest region of this state, the private not-for profits provide the majority of mental health and substance abuse services. **The zero increase for the private not-for profits really translates to a cut, as their funds cover all operating costs, not just staff salaries,** and many of those costs cannot be controlled. The result is chronically underpaid staff, and high turnover. This has gone on for years and needs to be changed. **They need your help.**



What is the human face of that? Consumers and family members have said again and again that **continuity in staff is essential to gaining and maintaining recovery. With each change of staff person, the consumer and their family needs to start over again. The PNPs need to be made whole to provide continuity of care.**

Historically this high staff turnover has not occurred on the state-employee side. There, staff continuity is a real asset. But that is endangered by the proposals for the early retirement incentive, or if there are large layoffs. **Please do NOT use retirements or layoffs to control costs in the state-operated DMHAS services.** This may be a terrible analogy, but **using mass retirements and layoffs to cut the cost of state workers is like using shrapnel to lose weight.** Yes, you have reduced mass, but you would also lose essential parts and leave everything a bloody mess.

Just as for the private non-profits, when state employees are removed, consumers lose stable relationships. The bumping that ensues makes it even worse.

I don't know what the solution there is, but that kind of staff reduction isn't it.

Through DMHAS, Connecticut has developed an effective system of services to enable people with mental illness and substance use disorders to recover and lead meaningful, productive lives in the community. That is a good thing for consumers, their families and their communities.

I urge you to seek out ways to address the deficit without hurting people. I have every faith that it can be done.

Thank you.